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Date	Client/Matter Number
April 4, 2005	211843-00022
From	Attorney Number
John S. Paniaguas	32347
Phone	Fax
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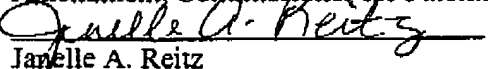
Comments

RE: Patent Application No. 10/748,078
Filing Date: December 30, 2003
Inventor: Thomas N Horsky
Title: Electron Impact Ion Source
Confirmation No.: 6882

Please file the attached:
Transmittal Form (1p)
Fee Transmittal (1p.)
Amendment (4 pp.)
Petition for Extension of Time (1 p.) in duplicate
Patent Application Determination Record (1 p.)
Terminal Disclaimer (1 p.)

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Doc # CH101 (211843-00022) 50209307v1.04/04/2005/Time:9.01

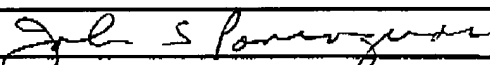
PTO/SB/21 (09-04)

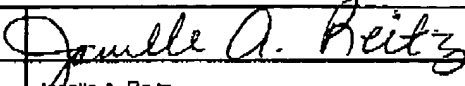
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/748,078
	Filing Date	December 30, 2003
	First Named Inventor	Thomas N. Horsky
	Art Unit	2821
	Examiner Name	Vu, Jimmy T
Total Number of Pages in This Submission	Attorney Docket Number	211843/00022

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Patent Application Fee Determination Record
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Katten Muchin Zavis Rosenman		
Signature			
Printed name	John S. Paniaguas		
Date	April 4, 2005	Reg. No.	31,051

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Signature	
Typed or printed name	Janelle A. Reitz
Date	4-4-05

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PTO/SB/17 (12-04v2)
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number <u>10/748,078</u> Filing Date <u>December 30, 2003</u> First Named Inventor <u>Thomas N. Horsky</u> Examiner Name <u>Vu, Jimmy T.</u> Art Unit <u>2821</u> Attorney Docket No. <u>211843/00022</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	\$575.00	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>50-1214</u> Deposit Account Name <u>Katten Muchin</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP = _____ x _____ = _____				Fee (\$)			Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge), Petition for Extension of Time and Terminal Disclaimer						\$575.00	

SUBMITTED BY			
Signature <u>[Signature]</u>	Registration No. <u>31,051</u> (Attorney/Agent)	Telephone <u>(312) 902-5200</u>	
Name (Print/Type) <u>John S. Paniaguas</u>	Date <u>April 4, 2005</u>		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application No.: 10/748,078
Filing Date: December 30, 2003
Inventor(s): Thomas N. Horsky
Group Art Unit: 2821
Examiner Name: Vu, Jimmy T.
Customer No.: 27160
Title: ELECTRON IMPACT ION SOURCE
Confirmation No.: 6882

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4-405 *Janelle A. Reitz*
Date Janelle A. Reitz

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated October 5, 2004, please enter the following
Amendment.

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

Remarks/Arguments begin on page 3 of this paper.